

THIS DOCUMENT IS TO CERTIFY THAT THE HOME OF:

Name of Provider _____

Name of Adult Care _____

Street Address _____

City _____ **State** _____ **Zip Code** _____ **County** _____

Lower half to be completed by city representative.

1. Is in compliance with all building code requirements of the city of Maricopa to establish a Congregate Living Facility, and
2. Is approved to care for a maximum of five residents, excluding staff.
3. The facility listed above was originally built according to local codes and standards, as evidenced by construction permits and inspections on file at this city office.

() YES () NO () OTHER

NAME _____ **DATE** _____

City Representative

TITLE _____ **PHONE** _____

OFFICE _____

This document is to provide the Department of Health Services with evidence that Congregate Living Facility services can be approved in your city. Since various cities within Arizona do not provide special building inspections or require the installation of particular devices for the approval of a Congregate Living Facility, we are requesting from those cities completion of this document to know that your city is aware of this project and approves. If there are any questions, please contact this office at (520) 568-9098.

This document is not meant to represent zoning approval.



Congregate Living Facility R-3 Requirements

*** Maximum Persons – 5 ***

Prior to the building inspection, homeowner must have the following:

1. Zoning clearance
2. Home Owner's Association (HOA) approval
3. Fire Department approval
4. Certificate of Occupancy (C of O), if applicable
 - A. Check SES (electrical panel)
 - B. Working smoke alarms

